

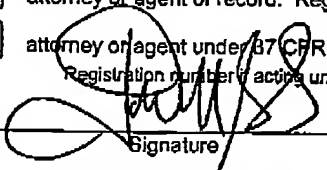
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PTO/SB/22 (10-08)

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|   |   |  |                             |
|---|---|--|-----------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2009<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |   | Docket Number (Optional)<br>58908(71699)   |                             |
| Application Number<br>10/507,466-Conf. #1259  |   | Filed<br>September 10, 2004  |                             |
| For <b>MOLECULAR SWITCHES AND METHODS FOR MAKING AND USING THE SAME</b>   |   |  |                             |
| Art Unit<br>1832  |   | Examiner<br>S. L. Chen   |                             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |  |                             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |  |                             |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | Fee<br>\$130   | Small Entity Fee<br>\$65 \$ |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$490  | \$245 \$                    |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))  | \$1110   | \$555 \$ 555.00             |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1730   | \$865 \$                    |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2350   | \$1175 \$                   |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                             |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                             |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                             |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                             |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . |  |                             |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |   |  |                             |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                             |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                             |
|   | <input checked="" type="checkbox"/>   | attorney or agent of record. Registration Number <u>53,624</u>   |                             |
|   | <input type="checkbox"/>  | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u></u>                              |                             |
| Signature    |   | November 21, 2008<br>Date  |                             |
| Jonathan M. Sparks, Ph.D.<br>Typed or printed name  |   | (617) 517-5543<br>Telephone Number   |                             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |  |                             |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |  |                             |

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